

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



The Official Publication of the Missouri State Board of Nursing with a quarterly publication direct mailed to approximately 120,000 RNs and LPNs

Volume 18 • No. 3

August, September, October 2016

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The Honorable Jeremiah W. (Jay) Nixon

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## Message from the President



Rhonda Shimmens, RN-C, BSN, MBA

### Partners in Public Protection

The board of nursing and licensees, along with many others, are partners in public protection. The board's duties include approving individuals for licensure, approving educational programs that prepare individuals for a license, investigating complaints concerning licensees' compliance with the law, and determining and administering disciplinary actions in the event of proven violations of the Nurse Practice Act.

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Powered by the U.S. boards of nursing, Nursys e-Notify is the National Council of State Boards of Nursing database. It is the only national database for licensure verification of registered nurses, licensed practical/vocational nurses and advanced practice registered nurses.

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## Executive Director Report

Authored by Lori Scheidt, Executive Director

### Legislative Update

The 2016 legislative session of the Missouri General Assembly ended May 13, 2016. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session; and 45 days if the legislature has adjourned or has recessed for a 30-day period. You can check the final disposition of bills and read the actual language at <http://moga.mo.gov/>

### Healthcare Workforce Bill

Representative Diane Franklin (R-District 123) filed House Bill 1850.

Section 324.001.3 RSMo, currently authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development.

Not all boards have the manpower or expertise to analyze the collected data and are not authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share data with another entity or agency unless it meets the requirements in 324.001.8 RSMo, which allows Boards to release information to other administrative or law enforcement agencies, acting within the scope of their statutory authority.

The boards are charged with protecting the public. Addressing the challenging quality and safety issues pervasive in health care depends upon adequate levels of appropriately educated and prepared health care professionals. A shortage of health care professionals is a quality of care issue.

Health regulatory boards are creatures of statute with only those powers and authority expressly granted in state statute. This bill will allow the Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, Missouri Board of Occupational Therapy, and the State Board of Registration for the Healing Arts to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants or permit holders for future workforce planning and to assess the accessibility and availability of qualified healthcare services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

It gives the board authority to spend appropriated funds necessary for operational expenses of the program formed pursuant to this section.

Executive Director's Report continued on page 3



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Number of Nurses Currently  
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As of June 1, 2016

Profession	Number
Licensed Practical Nurse	25,478
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Total	130,492



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# Executive Director Report

## Executive Director's Report continued from page 1

Data collection will be controlled and approved by the applicable state board conducting or requesting the collection. There are also several other protections in the bill including income or other financial earnings data cannot be collected, only aggregate data can be released so a specific individual or entity cannot be identified, and allows the board to release data to the contractors but requires that the contractor maintain the confidentiality of data received or collected pursuant to this section and shall not use, disclose or release any data without approval of the applicable state board.

This bill did pass in House Bill 1816 and Senate Bill 635.

### Nursing Education Incentive Program

Senator Jay Wasson (R-District 20) filed Senate Bill 835. Legislation to establish the nurse education incentive program was passed in 2011. It was set up to transfer funds from the Board of Nursing budget to the Department of Higher Education budget. The Department of Higher Education then dispersed the funds.

This bill changes the law so the nursing education incentive program payment function stays with the Board of Nursing rather than the Department of Higher Education. Having both the Board of Nursing and the Department of Higher Education choose the grantees remains in order to maintain fairness and objectivity.

Appropriation will remain with the board so the board can determine each year what they can financially afford based on projected revenue and expenditures.

This bill passed in House Bill 1816.

### Revised (Enhanced) Nurse Licensure Compact.

Senator Jay Wasson (R-District 20) filed Senate Bill 985 and Representative Kathryn Swan (R-District 147) filed House Bill 2043. Passage of either bill would adopt the revised (enhanced) nurse licensure compact. Missouri was the 24th state to pass the nurse license compact in 2009; the first state was in 1999. Since Missouri, only one more state has adopted the compact, bringing the total states in the

nurse licensure compact to 25. All the boards of nursing in the United States had a series of meetings to figure out what needs to change in the compact so more states would enact and join the compact. The goal is to have all states in the compact. The new compact is a product of that work.

This model is like the driver's license compact, where you have a license in your primary state of residence and can practice in other compact states. Some of the states that were reluctant to join said they wanted to be guaranteed that, if a nurse is coming in their state to practice, the nurse has undergone fingerprint background checks and does not have a felony on their record. Missouri already does fingerprint background checks, but we may issue a license to a nurse with a felony on their record; it is a case-by-case decision concerning all circumstances and rehabilitation. This compact makes it a requirement that all compact states have to do fingerprint background checks. It puts all licensure requirements in law and says if you have a felony, you cannot have a multi-state license. Each state is free to license a nurse with a felony, but that state would only be able to issue a single-state license, allowing other states to vet the nurse to decide if they want them to practice in their state. The compact does have a grandfather clause so nurses already granted a multi-state license to would keep that as long as the nurse keeps the license active.

This more modern compact must be adopted by the 25 original states and the remaining states. It has an effective clause that makes it effective December 31, 2018 or when 26 states have passed it. Missouri would operate off the current compact until then.

The enhanced nurse licensure compact passed in House Bill 1816, Senate Bill 635 and Senate Bill 608.

### Telehealth Bills

Senator Gary Romine (R-District 3) filed Senate Bill 621 and Representative Jay Barnes (R-District 060) filed House Bill 1923 related to telehealth. Neither of these bills passed.

### Advanced Practice Registered Nurses Prescribing Schedule II Controlled Substances

Senator Brian Munzlinger (R-District 18) filed Senate Bill 752 and Representative Craig Redmon (R-District 004) filed House Bill 1775 that would allow certain assistant physicians, advanced practice registered nurses and physician assistants to prescribe all Schedule II controlled substances. Neither of these bills passed.

### Advanced Practice Registered Nurses

Representative Eric Burlison (R-District 133) filed House Bill 1465 that would change some of the collaborative practice requirements.

Representative Lyle Rowland (R-District 155) filed House Bill 1697 that would increase the number of full-time equivalent advanced practice registered nurses that a physician can collaborate with from three to five.

Senate Bill 826 was filed by Senator Wayne Wallingford (R-District 27) and Representative Tila Hubrecht (R-District 151) filed House Bill 1866. Passage of either bill would create a license for Advanced Practice Registered Nurses, would authorize them to prescribe Schedule II controlled substances and revise collaborative practice requirements.

Representative Keith Frederick (R-District 121) filed House Bill 2275, which would limit the number of providers a collaborative physician can enter into to three.

None of these bills passed.

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A Privilege to Serve

Written by Laura Noren, MBA, BSN, RN, NE-BC

As I prepare to conclude my term as a member of the Missouri State Board of Nursing, I reflect back on my experiences and I am grateful to have had the opportunity to serve the citizens of Missouri. It has been a journey on which I learned much and I now walk away a better nurse.

I encourage you to consider applying for a seat on the Board of Nursing. I share my perspective to enlighten you to the opportunities and challenges it provides. As a LPN or RN licensed in Missouri, you may apply for appointment on the Governor’s website, <https://boards.mo.gov/UserPages/Home.aspx>. If selected for appointment, you will be presented by your state senator for confirmation.

In my case, I thought I had a decent understanding of the role of the Board but I admit that I underestimated the scope. The Board is to have eight nurse members of varying experience and educational degrees and one community member who is not a nurse. Supporting the work of the Board is an expert group of professionals led by the Executive Director, Lori Scheidt. One great benefit of having served on the Board is the chance to work



Laura Noren

with new people and expand my knowledge. I will value the new relationships I have developed over my time of service.

When I decided to apply for a Board seat I discussed it with my supervisor and gained her support. The commitment to serve requires you be available to attend quarterly meetings lasting three to four days in Jefferson City. Additionally, there are monthly phone conference calls on which I participated. In preparation for each of these meetings I had to review supporting documents related to the business that was to be discussed.

One area I especially enjoyed learning more about was the careful monitoring and support of schools of nursing. In my professional role in a hospital setting, I recognize the importance of a well-rounded education when we hire new graduate nurses. It was gratifying to me to see how seriously the Board and the staff take the responsibility to ensure programs for initial licensure are of high quality so we have well prepared nurses entering the workforce.

A major part of my role on the Board was related to disciplinary issues. Though a very small percentage of nurses are in the discipline process, it takes extensive time to review cases and monitor compliance. I am impressed at the diligence taken to ensure all are treated fairly and consistently.

I am very appreciative that I was selected to serve on Board and glad that I took the initiative to apply. I believe it is very important that hospital-based nursing is well represented on the Board so I especially encourage those of you working in hospitals to consider application to the Board.

Bibi Schultz  
Appointed to  
Regional Steering  
Committee

Missouri State Board of Nursing Director of Education Bibi Schultz was recently appointed to the Midwestern Higher Education Compact’s (MHEC) M-SARA Regional Steering Committee (RSC).

“M-SARA is a consortium among states to facilitate state authorization for distance learning education in another state,” Schultz stated.

The compact helps students by improving educational quality, reducing costs, and creating greater access to programs. It is able to do so because, according to Schultz, “[M-SARA] streamlines and safeguards state authorization processes for in-state and out-of-state schools.”

As a new appointee to the M-SARA’s RSC, Schultz has just begun her involvement in the process; however, she currently works with another multi-state committee for military credit.



Bibi Schultz

SCHEDULE OF  
BOARD MEETING DATES  
THROUGH 2017

September 7-9, 2016
November 16-18, 2016
March 1-3, 2017
June 7-9, 2017
September 6-8, 2017
November 15-17, 2017

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**

Missouri Regulator to be  
Honored for Outstanding Service

It is no easy task to license and regulate 136,473 nurse professionals in Missouri while working to protect the public and advance the nursing profession. Missouri State Board of Nursing Executive Director Lori Scheidt has been recognized for this and more by the National Council of State Boards of Nursing (NCSBN).



Lori Scheidt

“Scheidt’s passion for her work at the Missouri State Board of Nursing has spread to her entire team,” said Director of the Division of Professional Registration Katie Steele Danner. “Her professional approach is essential for the protection of Missourians and the work she does with the Board. Her work ethic has garnered attention from her peers across the United States and this is a true testament of her commitment to the nursing profession.”

NCSBN is an independent, not-for-profit organization where boards of nursing meet together to discuss common interests and concerns that affect public health, safety and welfare, including the development of nursing licensure examinations. Being involved in NCSBN gives Missouri a voice in nursing regulation on a national level.

Scheidt will receive the Meritorious Service Award and recognition for her role as Executive Director for the Missouri State Board of Nursing for the past 15 years.

Scheidt has served the Missouri State Board of Nursing

for more than 27 years during which time she has become actively involved in various committees, task forces, projects and panels to advance the nursing profession and to protect the public with timely regulatory authority.

“Very few things in life are entirely the work of just one person and this is no exception. Being selected is testament to the exceptional professionals I work with at the Missouri State Board of Nursing and the department,” Scheidt said. “Supportive family, volunteer board members and professional office team members allow me to contribute my time and expertise on a national level.”

Under Scheidt’s leadership, Missouri has become one of the leading states to use e-Notify, a system that provides valuable information about nurse licensure to the public which impacts patient safety. Through her diligent work as vice-chair of the Nurse Licensure Compact Administrators Executive Committee, Scheidt has developed an operational and fiscal toolkit to assist other boards in implementing an enhanced nurse licensure compact. As chair of the Fraud Detection Committee, she helped other state boards by developing tools to detect fraudulent applications, which has prevented licensure of intruders safeguarding the public across state lines.

Nominees were kept anonymous during the selection process and they had to meet key criteria to receive the award. The criteria included significant promotion of the mission and vision of NCSBN and positive impact on contributions for the organization.

Scheidt is set to receive the award and recognition during the NCSBN Annual Meeting and Delegate Assembly, held in Chicago, Aug. 17-19.



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“Magnet status reflects not only the quality of nurses found at a hospital, but also reflects greatly on the hospital as a whole.”

David Keeler, BSN, RN, CPN | Intestinal Rehabilitation Program Coordinator





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# Missouri State Board of Nursing Spur Educational Discussions for Missouri Nurses



From left: Missouri Board of Nursing (MBN) Executive Assistant Elizabeth Willard, MBN Director of Education Bibi Schultz, MBN Education Office Assistant Mallory Ainsworth, Maryville University faculty Rita Wunderlich and MBN Education Compliance Officer Ryan House.

The Missouri State Board of Nursing, in co-sponsorship with State Fair Community College in Sedalia held their second annual Innovative Best Practices in Nursing Education (IBP) Conference April 8, at State Fair Community College. More than 100 nurse educators and staff from all levels of nursing education participated in this year's conference.

The idea to offer this conference was spurred by the board's commitment to provide nurse educators across the state with an affordable way to learn more about innovative teaching strategies. They also wanted to find new ways to address issues encountered in nursing education, to remove barriers to quality education and to offer networking among nursing education colleagues.

While many Missouri nurse educators are innovative and skillfully utilize available resources to maximize theory and clinical learning for their students, others are less familiar with pedagogic concepts that would help them address the educational needs of their students. It is essential to explore new ways of teaching so that nursing education evolves with the needs of their diverse student population.

The generosity of expert nurse educators willing to present and share their expertise without financial compensation allows the board to offer the conference free of charge to nursing program administrators, faculty

and other team members as space permits. In the fall of 2015, the board made the decision to offer the IBP conference on annual basis as the board's partnership with State Fair Community College continues.

The conference theme continued to focus on academic readiness and support for applicants and students to successfully navigate nursing education, innovative ways to teach students and strategies to foster clinical decision making while enhancing the transition to nursing practice. Clinical partners shared their expectations of new graduates and offered valuable feedback to nurse educators.

Another focus was on creating and implementing pathways designed to assist returning military service members. Educators explained completing requirements for graduation and steps to take to further advance their nursing careers beyond the pre-licensure nursing program.

The third Annual IBP Conference is set for April 7, 2017 and the board along with State Fair Community College is in the planning process. State Fair Community College will host the event again but future opportunities for other schools to host the conference hosts are in the making. Many nurse educators have already expressed interest in sharing their expertise. Nurse leaders representing Missouri clinical facilities plan to continue to participate and there will be an exciting lineup of speakers and presenters. Registration for the next conference is projected to open in January 2017.

## Newly Formed Healthcare Coalition Seeks to Strengthen Missouri's Primary Care Workforce



From left: Missouri Board of Nursing Executive Director Lori Scheidt, Director of Education Bibi Schultz and Executive Assistant Elizabeth Willard.

Access to primary healthcare is a struggle in both rural and urban areas of Missouri. It remains out of reach for many, even those who have insurance coverage and experience few financial limitations. The newly formed Missouri Healthcare Workforce Coalition held its first Primary Care Summit April 4 to outline the successes, challenges, review current policy, and begin planning for efforts to strengthen and increase the number and distribution of primary care workforce in Missouri's rural and underserved areas.

The importance of high-performing teams is widely acknowledged as an essential tool for a more patient-centered, coordinated, and effective health care delivery system. Specialties and professions that the summit highlighted include family medicine, internal medicine, pediatrics, advance practice nursing (nurse practitioners) and physician assistants. The coalition anticipates expanding to encompass more professionals that are essential to the state's healthcare workforce.

The founding members who include Missouri Area Health Education Centers, Missouri Department of Health and Senior Services, Missouri Hospital Association, and the Missouri Primary Care Association hosted the Primary Care Summit. They hope to provide an organized, coordinated, and team approach to recognize opportunities for collaboration, partnership, and ultimately solutions to Missouri's primary care workforce needs.

The University of Arkansas – Fort Smith is located on a beautiful 140-acre campus in the River Valley of Western Arkansas, nestled between the scenic Ozark and Ouachita Mountains. UAFS is one of 18 campuses that comprise the University of Arkansas system and is one of the largest suppliers of healthcare professionals in the state.

### COLLEGE OF HEALTH SCIENCES

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Moments with Marcus

Kissing and Killing

Nurses have a profound ability to tolerate and sometimes embrace what others find repelling. The sick, the wounded. The “gross.” The broken of our world. It’s a deeply beautiful thing. It also leads to some pretty wicked family dinner conversations!

Yet, I’ve found even nurses are not immune from the phenomenon known as “word aversion.” The concept of particular words that cause people to cringe, you probably know the most common one: moist. Surveys tell us other ones, like cutlet, fetid, and squishy all rank high on the list of words some people would like to kill from the English vocabulary! I’ve got a new personal one, or rather, a phrase.

These last few months have seen your old pal, Marcus, popping around the country to a bazillion hospitals, healthcare association conferences, trauma symposiums, all in celebration of Patient Experience Week, Nurses Week, Hospitals Week, EMS Week. For yours truly? It’s like Christmas!



Amid the gazillion of amazing stories I was honored to hear during this time, I also heard one that made my heart stutter a moment. A phrase that has been used in small segments of healthcare that reads:

“I’m a nurse...I’m here to save your behind, not kiss it.” When I’ve heard this phrase spoken or witnessed it on T-shirts or bumper stickers, the language is always a little more salty!

I’ve seen first hand how some patients, and families, often treat the nursing staff like their personal concierge. That’s gotta be so frustrating! Nurses are trained professionals who have spent huge amounts of time (and money) dedicated to developing skills to save lives and care for the sick and injured – not being an overindulgent parent catering to the whims of a bratty kid.

So...why do I have such an aversion to this phrase? When I was rolled into the E.R. after some of the most horrific trauma a human being can endure, my very life depended on the best skills of an army of healthcare professionals. And, I received it. In spades. I mean, duh! I’m still alive!

But, what do I remember from that time? It was the compassionate presence of Jennifer as she held my hand and repeated, “I’m here, Marcus, I’m here.”

Over the next months in the hospital, I continued to need the highest level of skills and intervention from my

nursing team – but I received so much more. At 3 am when I was lonely and frightened, a nurse would come sit by my bed. When my mom was too exhausted to move, a nurse would slip into the break room and bring her a cup of “the good coffee.” When my dad could barely remember how to sign his name but needed to make agonizing decisions on my behalf, a nurse would encourage him to go to the cafeteria to eat and get some fresh air, promising to stand by my bedside and watch over me. When I was nervous and angry about yet another surgery it was a nurse who would hold my hand, give me an extra blanket and whisper a prayer in my ear, promising to stay beside me and be there when I woke up so I wouldn’t be so terrified.

The critical moments when life truly needs saving, kindness and compassion have to take a back seat to straight up skill and technique. But any other time, patients are suffering. And afraid. And vulnerable.

So when a patient is having one of the worst times of their life, they don’t need to remember a phrase they read on a bumper sticker that doesn’t reflect the whole of nursing...and might make that patient feel even more vulnerable. Instead they need to remember the multitude of the beautiful healthcare professionals who step up with skill and passion and training...and a desire to heal body and soul.

I know that’s who you are, and I’m proud to share your stories of compassion and healing with the world.

Former Board President Receives Lifetime Achievement Award



Charlotte York, LPN, served 13 years as a member of the Missouri State Board of Nursing. She, along with her husband Randy, were recently awarded the Sikeston Chamber of Commerce’s Lifetime Achievement Award for the untold influence over the lives of many in the Sikeston community.

This award is presented to someone over the age of sixty who has given of themselves selflessly throughout their lifetime. The recipients have longtime achievement in professional life and contributions in community service. The impact of their actions will be felt for years to come. Past award recipients have shared two threads; first, the desire to make their community a better place to live, work, worship and play and secondly, the personal satisfaction that comes from quiet accomplishments of their mission rather than accolades. Their lists of involvements is too long to name, but quite diverse as the couple is committed to helping the less fortunate and both have a true servant’s heart.

NCSBN Provides Nursys e-Notify Free of Charge to Nurses Wishing to Track Their License Status



**Chicago** – The National Council of State Boards of Nursing (NCSBN) now provides automatic license status quickly, easily, securely and free of charge to individual nurses who enroll through Nursys e-Notify. This innovative nurse licensure notification system was previously only available to institutions that employ nurses.

Nursys is the only national database for licensure verification for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys is designated as a primary source equivalent database through a written agreement with participating boards of nursing (BONs). Nursys is live and dynamic, and all updates to the system are reflected immediately, pushed directly from participating BON databases through frequent, secured data updates.

In just a few minutes, Nurses can self-enroll into Nursys e-Notify for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. They can receive licensure status updates, track license verifications for endorsement and create and manage multiple license expiration reminders. Keeping on top of license status can help nurses prevent fraudulent licenses or certificates being issued in their names.

Creating an account is quick and easy. Enroll at [www.nursys.com/e-notify](http://www.nursys.com/e-notify) and select “As a Nurse” to complete

the registration process. Learn more about Nursys e-Notify by viewing an introductory video or visiting the Nursys website. For questions, contact [nursysenotify@ncsbn.org](mailto:nursysenotify@ncsbn.org).

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

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# Education Progression: Making the Right Choice for your Future

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**By OSBN Policy Analyst, Nursing Education and  
Assessment Joy Ingwerson, MSN, RN, CNE**

With extensive options for nursing education now available, choices may seem overwhelming. An understanding of accreditation and consideration of future career goals are essential when reviewing programs.

**Program Types**

Nursing educational programs are often referred to as either pre-licensure or post-licensure. Pre-licensure programs are those that a student completes before obtaining the license to practice nursing. Post-licensure programs are levels of nursing education completed after already being a licensed nurse, such as RN-to-BSN and RN-to-MSN programs. Approval processes for pre-licensure programs are generally in place through most state boards of nursing. Only a handful of state boards of nursing currently regulate post-licensure programs. In Oregon, pre-licensure programs must be approved through the Board of Nursing as well as advanced practice nursing programs.

**Post-Licensure Institutional Accreditation**

Many nurses are interested in seeking additional degrees. Since these programs are not typically approved by state boards of nursing, key information on accreditation should be researched before choosing a program.

Check the institution website for the accreditations held. If it is difficult to find information on accreditation of an institution, this raises concerns.

Institutions that hold desired accreditations typically want to share that information with prospective students. When an accreditation body is listed on the educational institution website, check the website of the accreditation body to ensure the college or university is listed.

First, check the accreditation status of the institution overall. The two main types of institutional level accreditation are *regional* accreditation and *national* accreditation. Institutions that hold regional accreditation will have an accreditation body listed that includes a region of the country, such as the Northwest Commission on Colleges and Universities. For all institutional level accreditation, it is essential that the accrediting body is recognized by the US Department of Education (DOE). All regional accreditation agencies are recognized by the US DOE.

Many national accreditation agencies are also recognized by the US DOE, and institutions that have multiple locations across several states may seek national accreditation. A search of the US DOE website for a particular accrediting agency can be done to ensure the agency is recognized. A degree obtained from an institution that does not hold appropriate accreditation may not be recognized as a credential one can use in Oregon. Some fraudulent programs have very official sounding accreditations that are not recognized by the US DOE.

**Nursing Specialty Accreditation**

Next, check to determine if the nursing program holds nursing *specialty* accreditation. There are currently two main regulatory bodies that accredit nursing programs. The Commission on Collegiate Nursing Education (CCNE) accredits programs at the baccalaureate and higher levels. The second regulatory body is the Accreditation Commission for Education in Nursing (ACEN), which accredits all levels of programs. There would be no need for a nursing program to hold accreditations from both of these organizations. Another new nursing specialty accreditation agency is in the developmental stages at this time.

Additional accreditation agencies that link to specialty areas for advanced practice programs also exist such as the Accreditation Commission for Midwifery Education (ACME) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). These entities focus even more specifically on the education provided to those who will work in these specialized areas. Attainment of accreditation from these agencies again shows the educational program is voluntarily seeking to meet all appropriate standards. Making inquiries regarding the current nursing accreditation status of a program is another piece of data to consider when choosing a program.

**Accreditation Implications**

For those considering a graduate level program that leads to an advanced practice field (such as nurse practitioner), graduation from a program with nursing specialty accreditation (such as CCNE or ACEN) is required in many states. In addition, many states require national certification (sometimes called specialty board certification) for state certification/licensure as an advanced practice nurse. Eligibility to take the certification examination is often linked to graduation from an accredited nursing program.

Some post-licensure nursing programs limit applicants to those who have graduated from a nursing program with national nursing specialty accreditation. So, those who are considering future degrees are wise to look at their whole education plan when selecting programs along the way. Highly ranked academic programs with a competitive admission process are likely to accept only applicants from CCNE or ACEN accredited programs.

Accreditation questions sometimes arise related to institutions that hold national accreditation versus regional accreditation. Most institutions that grant higher degrees hold regional accreditation and within higher education, institutions with regional accreditation typically accept transfer credits only from other regionally accredited institutions. This may become a consideration for those who are seeking multiple levels of nursing degrees and might seek to transfer coursework. The acceptance of transfer credits is always based on the policies of the receiving institution.

**Choosing an Educational Pathway**

It is important to spend time gaining a clear understanding of the type of degree a particular program

grants before entering a post-licensure program. An associate degree to master's in nursing program may meet the ultimate goal of the master's degree but there may be reasons a particular individual would want to obtain the baccalaureate degree in nursing along the way. Consider the type of position you desire to obtain and whether a baccalaureate degree would be needed to apply. A program that offers an associate degree-to-master's degree track may be able to confer a baccalaureate degree along the way if a few additional courses are completed. Asking about optional pathways may be helpful in deciding on a particular program.

Many nurses considering advanced practice programs ask if the doctorate in nursing practice (DNP) is required. While the DNP is not currently required for state certification/licensure, there are national efforts to move to requiring a higher entry level degree for advanced practice. The bar has already been set at the doctoral level for Certified Registered Nurse Anesthetists (CRNAs), which takes effect for those who enter programs in 2022 or after. The push to increase the level of education may impact advanced practice nurses who seek specialty certification as the national certification bodies may increase the eligibility requirements to take certain examinations. Employers may also demand the doctoral level degree for credentialing in a particular health system. Therefore, it is wise to determine if a graduate nursing program offers doctoral level degrees and whether there is a streamlined pathway to move from the master's level program to the doctoral program.

**Making an Educated Decision**

After consideration of the accreditations a program holds, it is helpful to next look at the mission, focus, approach, and size of the nursing program. Many nursing program websites include extensive information on faculty research interests that should align with your interests. Some nursing programs have strong focus areas, such as serving rural populations or preparing graduates to work with diverse populations. If these match your interests, you will likely be able to tailor assignments to these areas.

Consider whether the approach to teaching will work for you. Distance learning is not the best option for those who prefer interacting directly with others face-to-face. Some programs offer a hybrid option with some coursework being completed via distance with a requirement that students are on the campus for specific activities (e.g. an intensive weekend session each term). It is always appropriate to ask about the estimated amount of time a student would spend on completing assignments for a course delivered via distance. It is helpful to understand if there is an expectation to participate in an on-line discussion forum multiple times each week as part of the course grade, for example.

**Meeting Career Goals**

For most nurses, seeking additional education is related to a career goal. Clear career goals support the search for an appropriate post-licensure program. Confirming the appropriate accreditations and approvals are in place provides the foundation for the successful continuation of your unique educational pathway.



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# What You Need to Know About Substance Use Disorder in Nursing

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### Facts about Substance Use Disorder

- Substance use disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, legal drugs or illegal drugs. Addiction is a complex disease with serious physical, emotional, financial and legal consequences.
- It can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender.
  - Substance use disorder is a progressive and chronic disease, but also one that can be successfully treated.
  - Although alcohol is the drug of choice for the general population, nurses have increased access to controlled substances, contributing to a higher incidence of dependence on them.
  - Chemical, mind-altering substances result in long-lasting changes to the brain, which is why addiction is a chronic and relapsing brain disease.
  - The earlier substance use disorder in a nurse is identified and treatment is started, the sooner patients are protected and the better the chances are of the nurse returning to work.

### What You Need to Know About Substance Use Disorder in Nursing

*Karen is a skilled emergency department (ED) nurse in a hospital that treats a large number of trauma victims. In her personal life, she is struggling with issues of grief and loneliness and feels like “work is therapy because I can forget for a while.” One day she accidentally goes home with a discarded opiate. She is an expert on administering pain medications to others and has witnessed relief in her patients many times after she administers the drugs. That night she is tired and too wound up to sleep, so she thinks there should be no harm in self-administering the morphine “just this once” to provide relief and some much needed sleep. She tells herself she will not do it again.*



Many nurses with substance use disorder are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.

Substance use disorder (SUD) is a challenging and complex issue for the nursing profession. Supportive and educated supervisors and colleagues help to identify nurses with this disease, so they can receive the help they need promptly.

Concerned and preoccupied with your own responsibilities and duties, you may not always recognize the warning signs of an SUD in a nurse co-worker or colleague. You may misread cues and look for other explanations for behaviors. That’s why many nurses with SUD are unidentified, unreported, untreated and may continue to practice where their impairment may endanger the lives of their patients.

*A week later, Karen again finds herself with a narcotic in her possession, and she purposely takes it home to self-inject. Within a short period of time, she is diverting on a regular basis and realizes she will experience withdrawal unless she injects regularly. Karen finds herself working extra shifts, volunteering for the patients who need pain medications, and isolating from other staff members in order to procure and use the drugs. Fellow nurses in the ED recognize something is wrong, but knowing how highly charged the department’s environment is, they assume it’s “just stress.”*



You have a vital role in helping to identify nurses with substance use disorder.



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SUD among health care providers also creates significant legal and ethical responsibilities for colleagues who work with these individuals. You have a professional and ethical responsibility to report a colleague's suspected drug use to your nurse manager or supervisor, and in some states or jurisdictions, to the board of nursing.

You have a vital role in helping to identify nurses with SUD, so it is necessary for you to be aware of the indicators that may signal that a nurse has a problem. It can be hard to differentiate between the subtle signs of impairment and stress-related behaviors, but there are three things to watch for: behavior changes, physical signs and drug diversion.

Behavioral changes can include:

- Changes or shifts in job performance;
- Absences from the unit for extended periods;
- Frequent trips to the bathroom;
- Arriving late or leaving early; and
- Making an excessive number of mistakes, including medication errors.

Behavioral changes can be physical, including:

- Subtle changes in appearance that may escalate over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; and
- Diminished alertness, confusion or memory lapses.

When nurses are using drugs and unable to obtain them from a treating health care provider, they may turn to the workplace for access or diversion, often causing narcotics discrepancies, such as:

- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.

*Karen's supervisor Ann notices changes in Karen's demeanor and behavior, and decides to more closely monitor her practice. Ann also looks for medication irregularities or discrepancies, record falsifications and any patterns of complaints by patients. Following hospital procedure and investigating the situation, Ann questions Karen about her performance and behavior. Initially denying that she has a problem, when confronted with evidence of her impaired practice Karen tearfully discloses her SUD. The hospital recommends treatment describing her options and that she may be eligible to return to work once she successfully completes a treatment program, and agrees to an employee assistance program or an alternative-to-discipline program with random monitoring and aftercare. Karen complies and begins recovery.*



The earlier an SUD in a nurse is identified and treatment is started, the sooner patients are protected and the better the chances are of the nurse safely returning to work. You need to acknowledge that health care professionals are not immune to developing an SUD and you should ignore stereotypes of what a "typical" person with a SUD looks like. It is important for nurses to not only be aware of the warning signs of SUD, but to also be cognizant that SUD is a disease that can affect anyone regardless of age, occupation, economic circumstances, ethnic background or gender. This will help you to identify issues in a co-worker or colleague because you will be able to see behaviors and performance without the notion of "nurses wouldn't do that" or "someone like her would never have an SUD."

Nurses that educate themselves about the behavior changes, physical signs and signals of drug diversion will help not only their colleagues with SUD, but also protect patients.

NCSBN SUD Resources

NCSBN offers a variety of resources designed to help you identify nurses with SUD:

- The "Substance Use Disorder in Nursing" video, at [ncsbn.org/sud](https://www.ncsbn.org/sud), helps nurse managers and nurses identify the warning signs of SUD, and provides guidelines for prevention, education and intervention.
- The "Understanding Substance Use Disorder in Nursing" online course was developed as a companion to the video. The cost of the course is \$30. Upon successful completion of the course 4.0 contact hours are available.
- There is an additional course, "Nurse Manager Guidelines for Substance Use Disorder" for nurse managers. The cost of the course is \$30. Upon successful completion of the course 3.0 contact hours are available. Both courses are approved by the Alabama Board of Nursing. Register for the courses at [learningext.com](https://www.learningext.com).
- Other related materials can be found at [ncsbn.org/sud](https://www.ncsbn.org/sud)





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\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

**Hasenzahl, April Toni**

Saint Louis, MO

**Registered Nurse 2009008893**

On March 24, 2011, at 22:50 Licensee received a patient on the Step-down unit in the cardiac recovery and surgical step-down unit at the hospital. The patient had a physician’s order for telemetry. There was a telemetry box and cardiac monitor attached to the patient, but the telemetry box was not set up in the main station at the hospital as is required for the system to work. Licensee did not notify the remote monitor technician to enter the patient’s information and to begin monitoring the patient. Licensee did not enter the patient information into the Phillips telemetry monitoring system satellite monitor on the unit herself. On March 25, 2011, at 00:08 and 03:56 Licensee documented that the patient has an “irregular heart rate,” was in “atrial fibrillation,” and that there was no ectopy and the electrodes status was “intact.” Since the patient was not in the telemetry monitoring system, Licensee was documenting the patient’s condition based off of information she had received when she received the patient into her care. Licensee failed to accurately chart her patient’s condition, and instead charted what the Intensive Care Unit nurse had told her and did not observe the patient’s cardiac rhythm herself every four hours as required.

Censure 03/15/2016

**Stinnett, Rebecca J**

Springfield, MO

**Registered Nurse 2015012087**

Respondent failed to call in to NTS on seven (7) days. Further, on October 19, 2015, and January 20, 2016, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on December 21, 2015, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on December 21, 2015. In addition, on July 15, 2015, Respondent reported to lab and submitted the required sample which showed a low creatinine reading.

Censure 04/13/2016

**Bishop, Jessica Bree**

Saint Peters, MO

**Registered Nurse 2005008819**

Respondent failed to call in to NTS on twenty (20) days. Further, on June 8, 2015; December 3, 2015; and, December 22, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on January 27, 2015, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on January 27, 2015. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 4, 2016.

Censure 04/13/2016

CENSURE continued...

**Belcher, Emilee Lyn**

Potosi, MO

**Registered Nurse 2010032377**

On April 8, 2015, Licensee was informed by a co-worker that patient CB was refusing his medication and was acting strangely. Licensee failed to perform an assessment or follow up with patient CB. On April 15, 2015, and April 17, 2015, Licensee failed to perform and document rounds on patient CB. On April 17, 2015, Licensee engaged in a sick call encounter with patient CB for a complaint of weight loss; Licensee documented that patient CB refused vital signs and a weight check. Licensee failed to obtain a physical assessment or signed refusal from patient CB. Licensee documented that patient CB was withdrawn and that she was going to refer patient CB for a mental health check. Licensee failed to submit a mental health referral. On April 21, 2015, Licensee engaged in a sick call encounter with patient CB for a complaint of depression; Licensee documented that patient CB refused vital signs and refused to be seen in sick call. Licensee failed to obtain a physical assessment or a signed refusal from patient CB. Licensee documented that patient CB was “weak,” she was “unable to get patient to come to nurse’s station,” and patient CB was “increasingly weak.” Licensee documented that she recommended a referral to the doctor for a sick call; however, Licensee failed to submit her referral. On April 25 and 26, 2015, Licensee documented that patient CB refused to take his mental health medications. Licensee failed to obtain signed refusals from patient CB. Licensee documented that patient CB would be referred to mental health; Licensee did not submit her referral. On April 27, 2015, patient CB was treated for a medical emergency and was hospitalized in critical condition.

Censure 04/05/2016

**Baldwin, Deborah Lyn**

Kansas City, MO

**Registered Nurse 2001023141**

On April 20, 2015, Licensee was scheduled to work from 6:45 a.m. until 7:15 p.m. Licensee was being shadowed by a student nurse that day as well. Licensee asked her charge nurse if she could leave early, but was informed that there were no nurses available to cover Licensee’s patients. At about 6:00 pm, Licensee gave her phone to another nurse and told that nurse that the student nurse would contact her with any questions about the patients. Licensee did not report off on her patients. Security video indicated that the Licensee left the hospital at 6:17 p.m. Licensee left the hospital without permission and without giving full report of her patients to the oncoming nurse.

Censure 03/08/2016

**Walzer, Kenya Monique**

Grandview, MO

**Registered Nurse 2006025384**

Respondent did not call NTS from August 6, 2013, the day after the previous probation violation complaint was filed, through November 24, 2013, the day prior to the Court issuing a stay. Additionally, Respondent failed to call NTS from July 2, 2015, when the stay was lifted, through the filing of the Probation Violation Complaint on October 16, 2015. In addition, on twenty-one (21) occasions, Respondent failed to call NTS; however, those were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on twenty-one (21) occasions when she was required to call NTS and submit to testing.

Censure 04/12/2016

**Kuthe, John William**

Saint Louis, MO

**Registered Nurse 2010035756**

On or about February 6, 2015, Licensee was caring for an eight-year-old, non-verbal patient in the patient’s home. Licensee’s shift ended at 11:00 pm. Licensee knocked on the bedroom door of the patient’s parents, as Licensee believed the male parent was in the room. Licensee knocked in an attempt to inform the male parent that Licensee was leaving and that the patient was resting. The male parent was not in the house when Licensee left the residence. Patient’s mother found patient unattended in the home. When Licensee was contacted later, he stated that he was unaware there was no one else in the home when he left at the end of his shift.

Censure 03/18/2016

CENSURE continued...

**Schneider, Tammy Diane**

Columbia, MO

**Registered Nurse 2007020019**

Licensee falsified the patient’s medical record by indicating that the patient received a medication which she did not administer to the patient.

Censure 05/19/2016

**Davis, Candace N**

St. Robert, MO

**Licensed Practical Nurse 2011010056**

From September 10, 2015, until January 21, 2016, Respondent failed to call in to NTS on one (1) day. Further, on October 30, 2015; December 1, 2015; December 7, 2015; and, December 28, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the documentation due date of October 1, 2015.

Censure 04/12/2016

**Reich-Gage, Christina Michelle**

Clever, MO

**Licensed Practical Nurse 2014037870**

On July 3, 2015, and September 21, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of July 23, 2015 and October 23, 2015. The Board did not receive an updated chemical dependency evaluation submitted on Respondent’s behalf by the quarterly due dates of April 23, 2015; July 23, 2015; or, October 23, 2015. The Board did not receive proof of support group attendance by the quarterly due dates of July 23, 2015, or October 23, 2015.

Censure 04/13/2016

**Euer-Frankman, Elizabeth Renee**

O Fallon, MO

**Registered Nurse 2000163400**

On February 11, 2015, Respondent pled guilty to the crime of theft/embezzlement of U.S. property, in violation of 18 U.S.C. 6641, in the U.S. District Court, Eastern District of Missouri, in case number 4:15CR00065-1 CEJ.

Censure 04/12/2016

**Cox, Denise L**

Buffalo, MO

**Licensed Practical Nurse 042450**

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of October 14, 2015, or January 14, 2016. The Board did not receive proof of any completed hours by the documentation due date.

Censure 04/12/2016

**Ferguson, Tina Ann**

Cassville, MO

**Registered Nurse 2006030610**

On October 2, 2013, Respondent pled guilty to the class C offense of theft/stealing, in violation of 570.030 RSMo, in the Circuit Court of Barry County, Missouri, in case number 13BR-CR00704-01. Respondent received unemployment compensation benefits while she was working for wages.

Censure 04/12/2016

**Beard, Ronda Renee**

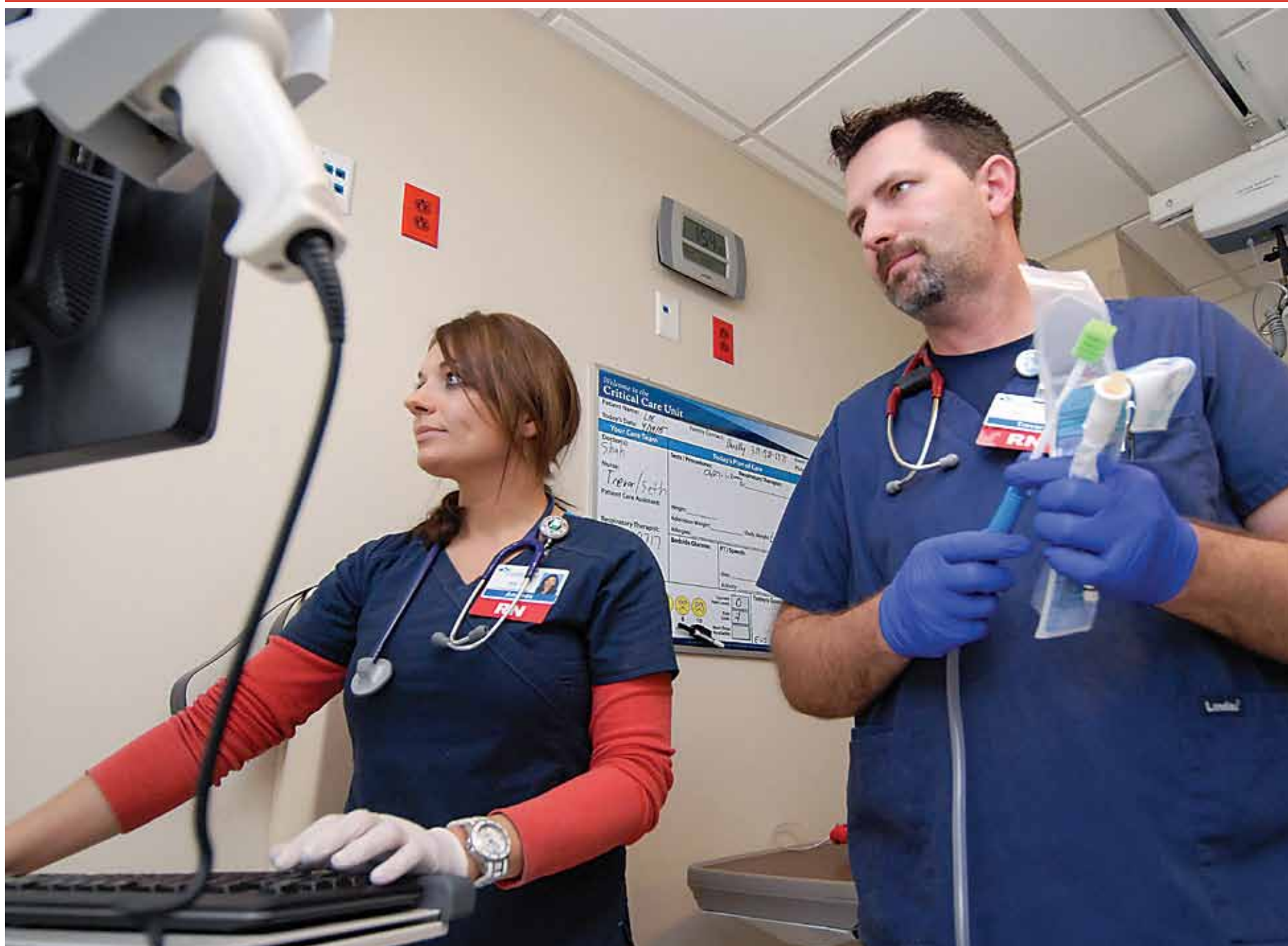
Huntsville, MO

**Registered Nurse 2003018667**

On October 27, 2015, Respondent administered one (1) 50 mg Tramadol tablet to a patient at 7:15 am and a second 50 mg Tramadol tablet at 11:15 am for a total of two (2) tablets; however, Respondent documented in the patient’s Medication Administration Record that she had administered 100 mg of Tramadol each time, or a total of four (4) tablets. Respondent charted the removal of the Tramadol tablets on the facility’s controlled medication form. When the medication error was discovered, Respondent changed the withdrawals on the controlled medication form to indicate that two (2) Tramadol tablets were withdrawn each time for a total of four (4) tablets. Respondent changed later entries on the controlled



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CENSURE continued from page 10

medication form to change the count to reflect that she had previously withdrawn four (4) Tramadol tablets. Respondent did not initial the changes she made to the controlled medication form, did not fill out an incident report to document the error, and did not notify her supervisors of the error. Respondent also admitted that she withdrew two (2) additional Tramadol tablets so the number of tablets available would match the new count, and wasted the additional tablets without a witness.  
Censure 04/12/2016

**Watkins, LaQuita Michelle**  
Columbia, MO  
**Licensed Practical Nurse 2015035766**

On December 21, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. Respondent entered into a treatment plan to obtain a better understanding of addiction. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of January 5, 2016; however, it was submitted later and it was submitted late by the employer. The Board did not receive evidence of support group attendance by the quarterly due date of January 5, 2016.  
Censure 03/24/2016

**Sutton, Sean D**  
Kirkwood, MO  
**Registered Nurse 2007035859**

On February 29, 2012, Licensee withdrew one (1) lorazepam tablet and one (1) morphine tablet for two different patients from the Pyxis. Neither medication was scanned, charted in Epic, or documented as wasted. On March 23, 2012, Licensee withdrew six (6) Xanax pills for a patient. Licensee scanned and administered two (2) of the pills for the patient, and the remaining four (4) pills were not scanned, charted, wasted, or returned. On March 23, 2012, Licensee pulled three (3) Cymbalta pills from the Pyxis. One (1) pill was scanned and administered to the patient. The remaining two (2) pills were unaccounted for. On March 26, 2012, Licensee pulled a Fiorinal with Codeine for a patient, but the medication was not scanned or documented in Epic as being administered to the patient.  
Censure 05/19/2016

**Williams-Jones, LaTasha Nicole**  
Kansas City, MO  
**Licensed Practical Nurse 2014042221**

Respondent failed to properly call, or failed to complete the call-in process, to NTS on twenty-six (26) days. Further, on October 7, 2015, and November 17, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.  
Censure 04/13/2016

CENSURE continued...

**Walker, Alvin T**  
St Peters, MO  
**Licensed Practical Nurse 044721**

Respondent failed to call in to NTS on eight (8) days. Further, on December 10, 2014, Respondent called NTS and was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. The Board did not receive proof of support group attendance by the documentation due date of November 23, 2015.  
Censure 04/14/2016

## PROBATION

**Cox, Erika Leigh**  
Nixa, MO  
**Registered Nurse 2002019509**

On June 18, 2012 Licensee self-reported to her manager that she had been diverting Fentanyl. Licensee indicated that she had been diverting Fentanyl for about two months.  
Probation 04/26/2016 to 04/26/2019

**Herman, Mark Joseph**  
Nixa, MO  
**Registered Nurse 2005020734**

On or about August 24, 2015, Licensee was asked, and agreed, to submit to a random drug screen. The drug screen was confirmed positive for methamphetamine.  
Probation 05/04/2016 to 05/04/2021

**Gladstone, Elizabeth Ann**  
Albany, MO  
**Licensed Practical Nurse 2003024479**

On January 22, 2014, Respondent pled guilty to the class B misdemeanor of driving while intoxicated; three counts of assault/attempted assault of a law enforcement officer, corrections officer, emergency personnel, highway worker in a construction zone, utility worker or probation and parole officer; and, the class A misdemeanor of operating a motor vehicle in a careless and imprudent manner involving an accident, in the Circuit Court of Harrison County, Missouri, in case number 13AH-CR00152. Respondent pled guilty to the class D felony of resisting/interfering with arrest for a felony, in the Circuit Court of Gentry County, Missouri, on August 7, 2014, in case number 13GE-CR00102-01.  
Probation 04/11/2016 to 04/11/2019

**Carrillo, Michael Anthony**  
Springfield, MO  
**Licensed Practical Nurse 2012015174**

Respondent was working as the night shift charge nurse at the facility. Facility staff members were trying to separate two residents and direct one of the residents back to her room. Respondent was called to assist and was observed to make rude comments to one of the residents. In addition, Respondent physically removed the resident from the room where she was, and physically held the door closed as the

PROBATION continued...

resident tried to get back in the room. The resident was later found to have skin tears on her hands from trying to get back through the door. On April 30, 2015, Respondent was placed on the employee disqualification list by the Missouri Department of Health and Senior Services.  
Probation 04/11/2016 to 04/11/2017

**Middleton, Paula Aisha**  
Grandview, MO  
**Licensed Practical Nurse 2009022651**

On December 20, 2012, Respondent pled no contest to the class A misdemeanor of possession of marijuana, in violation of KSA 21-5706(b)(3)(2)(b) in the District Court of Dickinson County, Kansas, in case number 12 CR 118. The Court found Respondent guilty of possession of marijuana, a class A non-person misdemeanor.  
Probation 04/12/2016 to 04/12/2017

**Aamold, Mary Frances**  
Kansas City, MO  
**Registered Nurse 074764**

In May 2012, a random audit revealed several discrepancies in Respondent's charts involving the documentation, wasting, and administration of narcotics. On May 18, 2012, the hospital issued Respondent a written warning, signed by Respondent, stating that she had failed to comply with hospital policy by improperly documenting, handling, and wasting narcotics; the document further states that she is aware of the policy and will make every effort to comply with it. Prior to June 22, 2012, Respondent's direct supervisor at the hospital, explained practices to Respondent that would ensure her compliance with hospital policy. On June 22, 2012, Respondent withdrew 10 milligrams of Oxycodone and did not document the medication's administration or waste in violation of hospital policy. On June 22, 2012, Respondent withdrew one tablet of hydrocodone and did not document the medication's administration or waste. On June 29, 2012, Respondent withdrew two milligrams of Ativan to be given intravenously, but it had been ordered to be given orally. On June 30, 2012, Respondent withdrew two milligrams of Ativan to be given intravenously, but it had been ordered to be given orally. On July 1, 2012, Respondent withdrew five milligrams of Ambien and claimed she dropped it on the floor, but did not waste the medication before a witness or document the wasting of the medication. On July 1, 2012, Respondent withdrew five milligrams of Ambien and did not document the medication's administration or waste. On July 20, 2012, Respondent withdrew four milligrams of morphine, administered two milligrams of the medication, and did not waste the remaining two milligrams. On July 21, 2012, Respondent withdrew four milligrams of Versed and did not document the medication's administration or waste.  
Probation 04/11/2016 to 04/11/2019

**Pasley, Lisa Marie**  
O Fallon, MO  
**Registered Nurse 2002025791**

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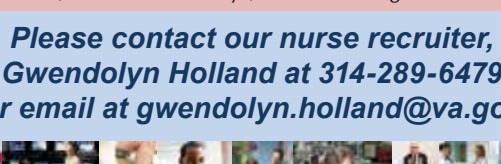
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PROBATION continued...

Mision, Lisa J  
Osage Beach, MO  
Registered Nurse 107013

On or about December 5, 2014, Licensee documented that she gave patient MV IV morphine; however, the IV was discontinued on December 4, 2014. On or about December 6, 2014, Licensee documented that she administered Percocet to patient LS three times throughout the night. Patient LS informed Licensee's co-worker, nurse DT, that she had not received any Percocet as documented by Licensee. Hospital administrators reviewed patient LS's medication administration record and found Licensee documented administering Ambien to patient LS, which patient LS denied receiving. On December 18, 2014, Licensee agreed to submit to a for-cause drug screen. The drug screen returned positive for hydrocodone, oxycodone, and oxymorphone.  
Probation 04/13/2016 to 04/13/2021

Heineken-Clausing, Stacey R  
Belton, MO  
Registered Nurse 150100

On March 12, 2015, the center conducted facility-wide drug screenings. Licensee attempted to submit synthetic urine for her drug screening sample. Licensee admitted to diverting wasted Morphine from the facility for personal use. Licensee did submit a sample for screening on March 12, 2015, and that sample returned positive for Morphine. Licensee returned to work on May 11, 2015, after completing an outpatient drug rehabilitation program on May 6, 2015. On June 9, 2015, Licensee was observed by a co-worker attempting to steal a Fentanyl syringe from an anesthesia cart and trying to replace it with a saline syringe. When confronted by the co-worker, Licensee admitted to facility administrators that she had attempted to steal the Fentanyl syringe.  
Probation 05/04/2016 to 05/16/2016;  
Voluntarily Surrendered 05/16/2016

Voigt, Trisha Marie  
Nevada, MO  
Licensed Practical Nurse 2002028977

On January 25, 2013, Licensee was charged in Vernon County, Missouri, with the class C felony Possession of a Controlled Substance Except 35 Grams or Less of Marijuana. Licensee's case was dismissed with prejudice after she successfully completed the drug court program. Licensee admitted to unlawfully possessing hydrocodone. On August 25, 2015, Licensee completed the drug court program and the felony case was dismissed with prejudice. Licensee admitted to using/abusing methamphetamine, marijuana and alcohol until on or about February 3, 2014. Licensee admitted to using methamphetamine daily towards the end of her usage.  
Probation 03/29/2016 to 03/29/2020

PROBATION continued...

Collier, Kevin R  
O Fallon, MO  
Registered Nurse 144391

On October 29, 2013, Licensee was working in the home of a patient who had just passed away. Licensee documented in the patient's medical record that the patient's narcotics were destroyed inside the patient's home. Agency staff contacted the patient's family on October 30, 2013. During the conversation, agency staff learned that Licensee had taken the narcotics out of the patient's home and the patient's family did not know what happened to the narcotics after they were removed from the home. Agency administrators requested that Licensee submit a sample for a for-cause drug test. The sample that Licensee provided tested positive for marijuana.  
Probation 03/02/2016 to 03/02/2019

Mersinger, Toni Lee  
Saint Jacob, IL  
Registered Nurse 2009012187

The following medication errors were discovered:  
a) On June 24, 2014, Licensee withdrew two Percocet tablets for patient MS at 07:34 and again at 09:54. Patient MS had orders for Percocet every four hours as needed. Licensee documented the administration of two tablets of Percocet at 07:35. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 09:54, which were also withdrawn early and outside of the patient's orders.  
b) On June 26, 2014, Licensee withdrew two Percocet tablets for patient MM at 15:05. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 15:05.  
c) On July 1, 2014, Licensee withdrew two Percocet tablets for patient AD at 07:47. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 07:47.  
d) On July 1, 2014, Licensee withdrew two Percocet tablets for patient CB at 16:53. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 16:53.  
e) On July 7, 2014, Licensee withdrew two Percocet tablets for patient JL at 10:24. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 10:24.  
f) On July 14, 2014, Licensee withdrew two Percocet tablets for patient CH at 14:10. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 14:10.  
g) On July 17, 2014, Licensee withdrew two Percocet tablets for patient AJ at 14:25. Licensee failed to document the administration, waste, or return of the two Percocet tablets withdrawn at 14:25.  
Probation 04/05/2016 to 04/05/2019

PROBATION continued...

Gomez, JaCey Beth  
Savannah, MO  
Licensed Practical Nurse 2009029700

On or about March 6, 2015 the Licensee called a pharmacy and left a message stating she was A.W. APRN and requested a prescription of Lasix, a non-controlled substance, for herself. Licensee was not a patient at the clinic and she was not a patient of A.W. APRN. Licensee was terminated on May 8, 2015, for calling in an unauthorized prescription without the permission of the provider and for impersonating a provider.  
Probation 03/02/2016 to 03/14/2016

REVOKED

Kelly, Jason Scott  
Neosho, MO  
Registered Nurse 2001027066

Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the due date of January 28, 2016. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of December 23, 2015. Respondent did not attend the meeting or contact the Board to reschedule the meeting.  
Revoked 03/28/2016 to

Myers, Jenelle Kay  
Pittsburg, KS  
Registered Nurse 2006013097

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSUS website that the nursing license of Respondent was revoked in Kansas due to a final disciplinary action being taken by the Kansas State Board of Nursing in a Summary Order dated January 10, 2014. The Order revoking Respondent's nursing license in Kansas found in pertinent part, in its "Findings of Fact," that Respondent had called in unauthorized prescriptions for her husband by misrepresenting herself to a pharmacy as an employee of Dr.; testing positive for a controlled substance, specifically hydrocodone, without a prescription; pulling medications for patients for whom she was not assigned and who did not have orders for the medications; failing to document the administration or waste of medications she withdrew; withdrawing two (2) Vicoprofen tablets for a patient who was being discharged with no order for Vicoprofen and failing to document the administration or waste of the Vicoprofen that she withdrew under the patient's name; failing to honestly and accurately report her history to the Kansas Nurse Assistance Program (KNAP); and failing to enroll in or contract with KNAP. The same Order found

Revoked continued on page 16



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Revoked continued from page 15

that Respondent is “currently unmonitored and cannot assure the Board that she is safe to practice nursing.”  
Revoked 03/28/2016

**Lawson, Penny Sue**  
Anchorage, AK  
**Registered Nurse 155223**

On July 18, 2014, the Kansas Board filed a Petition alleging that Respondent violated the Kansas Nurse Practice Act. In the Petition, the Kansas State Board of Nursing states that: According to a report, it is alleged that licensee falsified her 2014 renewal application. It is alleged that licensee failed to report a misdemeanor conviction on the renewal application. These incidents allegedly occurred on or about March 3, 2014. Licensee was contacted before in March of 2004 regarding reporting the misdemeanor conviction that she was conviction [sic] of in 2002. Licensee was sent a letter from KSBN on March 10, 2014, offering CNE on the Kansas Nurse Practice Act with no response. Licensee was contacted by phone and the number was no longer a working number. Licensee has failed to respond to any efforts to contact her.  
Revoked 03/28/2016

**Adams, Billy Roberts**  
Saint Louis, MO  
**Licensed Practical Nurse 2014014267**

Respondent submitted an on-line application with a nursing agency, which is based in the central Missouri area. On the application, Respondent represented that he had a licensed practical nursing license. Respondent had recently graduated from a licensed practical nursing school but had not taken or passed the NCLEX; thus, was not licensed as a licensed practical nurse. Respondent was employed by the agency, which is based in the central Missouri area, from October 29, 2012, until May 30, 2014. In May 2014, the agency’s compliance office contacted Respondent about renewing his licensed practical nurse license, and it was discovered that Respondent was not issued a permanent nursing license until May 9, 2014. Respondent worked as an unlicensed, graduate nurse for one (1) year and seven (7) months. Respondent signed “LPN” after his signature, thereby holding himself to his employer, co-workers and patients as being duly licensed as a licensed practical nurse.  
Revoked 03/24/2016

**Shoemake, Heather Allison**  
Cape Girardeau, MO  
**Registered Nurse 2006038434**

Respondent failed to assess patient CR and failed to contact the physician despite patient CR using the pain marker every three (3) to eight (8) minutes during that time period. On May 3, 2013, Respondent failed to pass information to the next nurse during shift change that a patient was laboring during the night with ruptured membranes and meconium fluid. On the night shift from July 22, 2013,

REVOKED continued...

through July 23, 2013, Respondent was providing care for patient DA. Patient DA was Respondent’s only patient that night. Patient DA had a number of orders including lab orders, telemetry, aqua K pad, SCD boots, Foley catheter, and for medications. Respondent failed to initiate telemetry and the SCD boots as ordered for patient DA. Respondent failed to draw labs when ordered for patient DA. Patient DA’s IV site was observed to be bad on July 23, 2014. Respondent knew that patient DA’s IV site was bad all night and that she continued to pass medications through the IV during her shift.  
Revoked 04/11/2016

**Lance, Bobbie Dale**  
Cutler, IL  
**Registered Nurse 2015009808**

On May 7, 2015, Respondent pled guilty to the crime of theft over \$500 but not over \$10,000.  
Revoked 04/11/2016

**Brokes, Crystal Lea**  
Bowling Green, MO  
**Licensed Practical Nurse 2010002394**

On October 12, 2014, the infirmiry nurse requested Vicodin from Respondent, who was in charge of narcotics that evening. Respondent removed the pills and placed them in a medication cup. She told the RN the package tore when she was removing the tablets so she put both of the pills in the cup. The RN did not question this until later when the patient stated that the pills did not seem to be helping the pain as they did before. The RN remembered what the pills looked like that were given to the patient and proceeded to look them up. She found the pills given were Keppra instead of Vicodin. When questioning Respondent, Respondent first stated she did not understand how this happened. She then admitted she took them because the same medication made her feel better when she took some for tooth pain earlier in the month. Respondent also stated she put the pills in a red sharps container instead of ingesting them. Respondent documented administering “Percocet” to two (2) patients at the facility on December 11 and 12, 2013. However, upon testing, neither patient had traces of “Percocet” in their system, and Respondent was, therefore, asked to submit to a drug screen. Respondent agreed to the drug screen. On December 10, 2013, the results of Respondent’s drug screen showed positive for Oxycodone and Oxymorphone.  
Revoked 03/24/2016

**Triplett, Deborah Sue**  
Springfield, MO  
**Registered Nurse 143454**

Respondent did not meet with the Board’s representative on April 28, 2015, or contact the Board to reschedule the meeting. Respondent did not complete the contract process with NTS by May 18, 2015. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of July 17, 2015. The Board did

REVOKED continued...

not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf.  
Revoked 03/24/2016

**Alara, Edith L**  
Florissant, MO  
**Licensed Practical Nurse 016743**

On May 9, 2012, Respondent failed to document assessments on twelve (12) residents for whom she was caring. On May 10, 2012, Respondent failed to document the administration of medications to nine (9) out of 25 patients assigned to her. On June 18, 2012, while Respondent was passing medications in the hallway, patient D.N. walked out of his room without assistance and into another resident’s room where he fell. Respondent had noted a couple of weeks before that patient D.N. was walking without assistance. On July 2, 2012, Respondent was placed on a conditional employment period for failing to provide protective oversight for a resident who required assistance to walk. On June 29, 2012, Respondent did not transcribe new medication orders in the medication administration record (“MAR”). On August 1, 2012, it was reported to Respondent that patient C.B. had an abrasion on the right upper arm. Respondent contacted the doctor who told her to monitor the abrasion. No documentation about the condition or the doctor’s order was completed. On August 3, 2012, Respondent failed to obtain a treatment order for patient C.B. as instructed by her supervisor. On October 22, 2012, Respondent administered an insulin shot to patient R.H. by having a certified nursing assistant hold the patient’s arms down and then injecting the medication into patient R.H.’s arm through his long sleeve shirt.  
Revoked 04/06/2016

**Fernandes, Robert Clyde**  
Kansas City, MO  
**Registered Nurse 2012041850**

On July 10, 2014, Respondent, while at work, was asked by the facility’s Human Resources Department to provide a urine sample for a drug screen. Respondent’s urine sample tested positive for marijuana. Respondent did not have a prescription for marijuana. Respondent admitted in a written statement to the Board’s investigator that he admitted he smoked marijuana and that his urine sample tested positive for marijuana.  
Revoked 03/24/2016

**DeShazer, Michelle Lea**  
Commerce, OK  
**Registered Nurse 2003006810**

The Missouri State Board of Nursing received information from the Oklahoma State Board of Nursing via the NURSYS website that the nursing license of Respondent was voluntarily surrendered in Oklahoma due to a final disciplinary action being taken by the Oklahoma State Board of Nursing in an Order dated August 4, 2015.  
Revoked 04/06/2016

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REVOKED continued...

**Scott, Caroline L**  
Montreal, MO  
**Registered Nurse 2007017111**  
Respondent did not complete the contract process with NTS. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the due date of December 28, 2015.  
Revoked 03/24/2016

**Faries, Candida Lea**  
Perryville, MO  
**Registered Nurse 2005031887**  
On July 8, 2013, Respondent was observed by co-workers slurring her words and walking into walls. Her pupils were dilated and her eyes were rolling back into her head. She was also observed to be swaying back and forth and was unable to communicate effectively. She also appeared to be falling asleep while standing. Respondent's co-workers believed that Respondent was impaired. Count II - it was discovered that Respondent removed hydrocodone and oxycodone on five (5) different residents and did not administer the medicine within an hour's time on October 26, 2013. On October 27, 2013, Respondent signed out and removed hydrocodone and oxycodone for six (6) different residents and again did not administer the medicine within an hour of removing the narcotics; however, she documented the administration of the medications withdrawn. On October 30, 2013, Respondent removed hydrocodone and oxycodone for four (4) residents within an hour into her shift. After removing the pills, Respondent went to the nurse's station and did not leave the station. Respondent documented administering the medications to the residents that she had withdrawn the medications for. Respondent admitted that she diverted the pills.  
Revoked 03/30/2016

**DeBraal, Darin L**  
Jefferson City, MO  
**Licensed Practical Nurse 040373**  
Respondent noted in E.L.'s chart on that date to "hold Clonidine for now, follow up with doctor on Monday." There was no physician's order to hold the medication of Clonidine, and the doctor was never contacted in regard to this entry for his consent. An "on-call physician sheet" was also not completed and placed in the medical record to signify that respondent had taken this action. Respondent admitted to the Board's investigator in regard to this incident that he did not "get the actual physician's order written in the nurse's notes."  
Revoked 03/30/2016

**Chandler, Amanda Lee**  
Ozark, MO  
**Registered Nurse 2012029849**  
Respondent failed to call in to NTS on forty-eight (48) days. On three (3) occasions, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening, but failed to report to a collection site to provide a sample. Respondent failed to report to a

collection site to provide a sample for testing on four (4) occasions. On May 19, 2015, Respondent submitted her Application to renew her license. On the Application, Respondent checked "yes" to the question: "Are you presently being investigated or is any disciplinary action pending against any professional license?" On July 22, 2015, administrator sent Respondent a letter requesting a notarized statement. Respondent failed to submit a statement. On October 8, 2015, Respondent was sent an e-mail again requesting a notarized statement. Respondent failed to send a notarized statement.  
Revoked 03/30/2016

**Whitlow, Jeannie Marie**  
Chaffee, MO  
**Licensed Practical Nurse 2001029552**  
Respondent assisted T.C. with paying bills. On or about July 23, 2013, Respondent wrote herself a check for \$1,500.00 from the account of T.C. without T.C.'s knowledge. Respondent deposited P.H.'s insurance check into her personal account. As a result of Respondent's actions, Respondent was placed on the Department of Health and Senior Services' employee disqualification list on or about June 27, 2014, for twelve (12) years. Respondent failed to cooperate in the Board's investigation.  
Revoked 03/30/2016

**Smith, Candice A**  
Sedalia, MO  
**Registered Nurse 149483**  
From March 6, 2014, until October 6, 2015, Respondent failed to call in to NTS on nine (9) days. Respondent completely stopped calling NTS on October 7, 2015. Further, on September 22, 2015, and October 6, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on seven (7) separate occasions Respondent failed to call NTS; however, these were days that Respondent had been selected to submit a sample for testing. Additionally, on two (2) separate occasions, May 8, 2014, and May 23, 2014, Respondent reported to a lab and submitted required samples which showed low creatinine readings. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of November 9, 2015.  
Revoked 03/30/2016

**McCurley, Katie Summer**  
Kansas City, MO  
**Registered Nurse 2011030744**  
On July 24, 2013, inconsistencies were noted in Respondent's charting of controlled substances. A further audit of Respondent's administration of controlled substances was performed and it was discovered that 7 mg of Dilaudid, 300 mcg of Fentanyl, 9 mg of Morphine, and 2 tablets of Lortab withdrawn by Respondent were not accounted for in the documentation. On July 25, 2013, Respondent's

REVOKED continued...

supervisor requested that Respondent submit a urine sample for a for-cause drug test. Respondent consented to provide a urine sample for screening on July 25, 2013. The sample that Respondent submitted tested positive for amphetamine. Respondent later admitted to the Board's investigator that she had consumed Adderall, which she did not have a prescription for, so that she could work an additional shift. On June 25, 2014, Hospital administrators received a report that Respondent had failed to administer narcotic pain medication to a patient, but rather placed the medication in her own pocket. Respondent's supervisor requested that Respondent submit a urine sample for a for-cause drug test. Respondent consented to provide a urine sample for screening on June 25, 2014. The sample that Respondent submitted tested positive for opiates and oxycodone. Before Respondent left the hospital, she consented to a search of her backpack. A full vial of metoprolol, multiple wrappers from flushes, used gauze pads, nineteen (19) used empty syringes, nineteen (19) used and recapped needles, four (4) unopened syringes, and a blue tourniquet were found inside of Respondent's backpack.  
Revoked 03/30/2016

**Bell, Kimberly Nicole**  
Liberty, MO  
**Registered Nurse 2003012780**  
From January 24, 2015 through January 31, 2016, Respondent failed to call in to NTS on ten (10) days. On May 1, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on five (5) separate occasions, July 27, 2015, August 28, 2015, September 9, 2015, October 12, 2015, and October 19, 2015, Respondent failed to call NTS; however, these were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on July 27,

Revoked continued on page 18



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Revoked continued from page 17

2015, August 28, 2015, September 9, 2015, October 12, 2015, and October 19, 2015. Further, on eight (8) separate occasions, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On January 17, 2016, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of cocaine.  
Revoked 04/13/2016

**Frazier, Miranda Lynn**  
Columbia, MO  
**Licensed Practical Nurse 2011031916**  
Respondent failed to begin the daily call-in process with NTS. The Board did not receive a thorough mental health evaluation submitted on Respondent’s behalf.  
Revoked 03/30/2016

**Wiseman, Rhonda K**  
Fulton, MO  
**Licensed Practical Nurse 052194**  
Respondent failed to call in to NTS on forty-one (41) days. Respondent ceased calling in to NTS on January 4, 2016. On December 1, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On January 8, 2016; January 27, 2016; and February 3, 2016, Respondent failed to call NTS; however, these were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on January 8, 2016; January 27, 2016; and, February 3, 2016.  
Revoked 03/24/2016

## SUSPENSION

**Costanza, Gina Marie**  
Columbia, MO  
**Registered Nurse 2013020813**  
On July 31, 2014, the hospital pharmacy ran a proactive diversion audit report on medications for June 18, 2014, through July 18, 2014. Pharmacy notified Respondent’s supervisor of a large quantity of discrepancies associated with Respondent involving Fentanyl, morphine, and hydromorphone (brand name Dilaudid) where those medications were withdrawn by Respondent but the full amounts withdrawn were not documented as wasted or administered. Respondent was asked to empty her pockets and she placed on the table an unopened blunt needle, two unopened syringes, a vial of Nitro tabs, two full opened vials of diphenhydramine, one unopened full vial of Lorazepam, and three opened and empty vials of Fentanyl. Pharmacy noted that the opened diphenhydramine vials

SUSPENSION continued...

were overfilled, which was inconsistent with the normal levels. Following the meeting, Respondent was escorted from the building by Police, arrested, and charged with theft/stealing of a controlled substance. On or about October 22, 2014, Respondent pled guilty to the class A misdemeanor of theft/stealing, in the Circuit Court of Boone County, Missouri in case number 14BA-CR02779.  
Suspension 04/11/2016 to 10/11/2016

**Pipes, Kayla Diann**  
Sparta, MO  
**Licensed Practical Nurse 2015004231**  
From March 17, 2015 through January 28, 2016, Respondent failed to call in to NTS on three days. Further, on October 5, 2015; October 23, 2015; November 9, 2015; December 4, 2015; and, December 21, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of those dates. On September 29, 2015, Respondent submitted a sample for testing; however, the test was cancelled due to Respondent forging the chain of custody document. On October 19, 2015, Respondent informed Board staff that she had relapsed and was entering an inpatient rehabilitation facility. Respondent relapsed by using heroin in the middle of September 2015. The Board did not receive an updated chemical dependency evaluation submitted on Respondent’s behalf by the quarterly due date of November 10, 2015.  
Suspension 04/05/2016 to 07/05/2016

**Walsh, Charline**  
Arnold, MO  
**Licensed Practical Nurse 038970**  
In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; and, Physical Assessment (Adult), and have the certificate of completion for all hours submitted to the Board by December 25, 2015. On December 29, 2015, the Board’s Director of Compliance telephoned Respondent and informed her that the Board had not received proof of completion of Physical Assessment (Adult). The Board received proof of completion of the other required courses on or about December 19, 2015. As of the Probation Violation Complaint filing on February 3, 2016, the Board still had not received proof of completion of Physical Assessment (Adult).  
Suspension 04/05/2016 to 07/05/2016

## VOLUNTARY SURRENDER

**Staudte, Diane E**  
Springfield, MO  
**Registered Nurse 100785**  
On January 21, 2016, Licensee was found guilty after entering an Alford plea of guilty to the class A felony of Murder in the 2nd Degree; the class A felony of Murder in the 1st Degree; and, the class A felony of Assault in the 1st Degree, in the Circuit Court of Greene County, Missouri.  
Voluntary Surrender 03/07/2016

**Rush, Delvin Michelle**  
Atlanta, GA  
**Registered Nurse 2012026957**  
The Missouri State Board of Nursing received information from the Texas Board of Nursing via the NURSIS website that the nursing license of Licensee was voluntarily surrendered in Texas by Licensee in an Order of the Board dated July 13, 2015.  
Voluntary Surrender 03/03/2016

**Scarlet, Susan Rene**  
Fredericktown, MO  
**Licensed Practical Nurse 056462**  
On April 22, 2015, a patient asked Licensee for her PRN Ativan medication for her anxiety. Licensee was heard telling the patient that she needed to “learn how to cope without drugs or jump off a bridge.” Licensee was also witnessed stating she was not a drug dealer in the presence of the patient. Licensee was witnessed antagonizing the patient.  
Voluntary Surrender 05/31/2016

**Heineken-Clausing, Stacey R**  
Belton, MO  
**Registered Nurse 150100**  
Licensee voluntarily surrendered her Missouri nursing license effective May 17, 2016.  
Voluntary Surrender 05/17/2016

**Hammonds, Krystle Nicole**  
Maplewood, MO  
**Registered Nurse 2007020589**  
Licensee voluntarily surrendered her Missouri nursing license, effective May 12, 2016.  
Voluntary Surrender 05/12/2016

**Wammack, India Nicole**  
Joplin, MO  
**Registered Nurse 2002030711**  
On or about May 7, 2015, Licensee’s drug screen tested positive for Fentanyl. Licensee admitted to the Board’s investigator that she diverted on two (2) occasions.  
Voluntary Surrender 04/27/2016

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VOLUNTARY SURRENDER continued..

Eaton, John M  
Sullivan, MO  
Registered Nurse 070071  
Licensee was witnessed having a red face, slurred speech, an unsteady gait, and smelling of alcohol. Licensee admitted to drinking the night before, and still being under the influence the next morning while at work. Licensee refused to take a breath test because he knew it would be positive for alcohol. Licensee used an alcoholic beverage to an extent that his use impaired his ability to perform the work of a nurse.  
Voluntary Surrender 04/14/2016

Callaway, Christie J  
Branson, MO  
Registered Nurse 129759  
In June 2015, hospital administrators received reports regarding Licensee’s handling of narcotics. One coworker stated that a patient reported that they had not received pain medication that had been documented as being administered by Licensee. Another coworker stated that Licensee documented administering multiple doses of oral pain medication to a patient who could not swallow. An audit of Licensee’s medication documentation and administration revealed multiple discrepancies and practice concerns including failing to scan narcotics given to patients, holding onto narcotics for an extended time before administering or returning the narcotics, and failing to properly document the administration and waste of narcotics. On June 26, 2015, Licensee submitted a sample for a for-cause drug screen. The drug screen returned positive for oxycodone. On June 29, 2015, Licensee met with hospital administrators and admitted that she had diverted narcotics that had been documented as being given to patients.  
Voluntary Surrender 03/21/2016

Bove, Jeffrey J  
Arnold, MO  
Licensed Practical Nurse 2008028163  
On February 5, 2015, Licensee was informed by a nurse aide that a patient was having trouble breathing and foaming at the mouth. Licensee went to the patient room to check on the patient. Licensee directed the nurse aide to elevate the patient, clear the patient’s mouth of food particles, and inform the charge nurse on duty of the situation. Licensee then left the patient’s room and then clocked out and left the facility. Licensee failed to properly assess a patient having respiratory problems, and failed to document or report off on the patient’s change in condition. The patient was found shortly thereafter not breathing and with no pulse.  
Voluntary Surrender 03/21/2016

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

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☐ ADDRESS

☐ PHONE

☐ ALTERNATE PHONE

☐ EMail

☐ RN

☐ APRN

☐ LPN

Missouri License Number

Last 4 Digits of Social Security Number

NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed)

First Name (Printed)

NEW INFORMATION

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First Name

Middle Name

( )

( )

Daytime Telephone Number

Alternate Phone Number

E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver’s license)

Physical address required, PO boxes are not acceptable

CITY

STATE

ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

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- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
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Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

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I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→

Signature (This form must be signed)

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